

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2011	
NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN46231			
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F0000	<p>This visit was for the Investigation of Compliant IN00086265.</p> <p>Complaint IN00086265 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey dates: March 28 & 29, 2011</p> <p>Facility number: 000393 Provider number: 155383 AIM number: 100289340</p> <p>Survey Team: Carol Diane Dierks RN TC Patti Allen BSW</p> <p>Census Bed Type: SNF/NF: 84 Total: 84</p> <p>Census Payor Type: Medicare: 13 Medicaid: 56 Other: 15 Total: 84</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/04/11 by Suzanne Williams, RN</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and request a Desk Review or Post Survey Review on or after 4/20/11</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0441 SS=D	<p>Based on observation, interview and record review, the facility failed to ensure infection control practices were utilized to prevent the potential transmission of Clostridium difficile as evidenced by staff not following facility policy guidelines related to disinfection of equipment, for 1 of 3 residents reviewed for bowel problems in a sample of 4. (Resident A)</p> <p>Findings included:</p> <p>A facility policy, dated 12/28/10, titled "Clostridium Difficile," provided by the Administrator on 3/29/11 at 12:30 p.m., included, but was not limited to, the following:</p> <p>"...Clostridium difficile is a bacterium that causes diarrhea as well as more serious intestinal conditions...The main symptoms include watery diarrhea, fever, and abdominal pain or tenderness...Because of CDI's (Clostridium Difficile) ability to form spores, it can persist in the environment for weeks or months and is highly resistant to cleaning/disinfection...Residents with diarrhea associated with CDI (residents who are colonized and symptomatic) will be placed on Contact Precautions...1. When possible dedicate the use on non-critical resident care equipment items such as stethoscope, sphygmomanometer,</p>		F0441	<p>F441 Infection Control, Prevent Spread, LinensThe facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice. Nursing staff will be reeducated on infection control practices to prevent the potential transmission of Clostridium difficile per facility policy. Director of Nursing or Executive Director will provide inservice education on 4/13/2011, 4/17/2011, and 4/19/2011 and will be mandatory for all nursing staff. Inservice will cover facility infection control procedures, isolation precautions, Clostridim difficile procedures including use of bleach solution for cleaning affected areas, and when to use neutral quat sanitizer.How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All Residents have the potential to be affected by this alleged deficient practice.What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Nursing staff will be reeducated on the</p>		04/20/2011	

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	<p>bedside commode, or electronic thermometer to a single resident (or cohort resident) to avoid sharing between residents...2. If use of common items is unavoidable, then adequately clean and disinfect the item before use for another resident...2. Disinfection of equipment will be done with an EPA registered hypochlorite-based disinfectant following manufacturer's instructions. Disinfectant solution must remain in contact with surface being cleaned for 10 minutes. Disinfectant solution must be a 1:10 dilution. Nine parts water to one part bleach (hypochlorite-solution) 3. Disinfectant solution should be changed daily...H. Steps toward prevention and early intervention...5. Disinfection of items with fecal soiling (bedpans, commode, chairs, bedrails, etc..."</p> <p>The record for Resident A was reviewed on 3/28/11 at 3:40 p.m.</p> <p>Diagnoses for Resident A included, but were not limited to, history of Clostridium difficile, history of urinary tract infections, constipation, dementia, diabetes mellitus type II, multiple sclerosis, congestive heart failure, atrial fibrillation, osteoporosis, hypokalemia, hyperlipidemia and history of femur fracture.</p>			<p>policy of Clostridium difficile. Nursing staff will demonstrate proper isolation procedures per facility policy to prevent spread of infection in the mandatory inservices provided on 4/13/2011, 4/17/2011, and 4/19/2011, including demonstrating use of bleach solution per Clostridium difficile policy. Each nursing staff member will also complete post-test to validate understanding of the facility's infection control program. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? An infection control CQI tool will be utilized by Director of Nursing or Executive Director weekly x4, monthly x2, and quarterly thereafter. The CQI Committee will review the data. If threshold is not achieved an action plan will be developed. One-on-one re-education and/or disciplinary action may occur for noncompliance. Compliance date 4/20/11</p>			

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	<p>Health care plan problem updates included, but were not limited to, the following:</p> <p>1/28/11: Problem: loose foul-smelling stool, goal: no infection, intervention: screen stool for C-diff (Clostridium difficile) and culture and sensitivity, discipline: nursing and lab.</p> <p>1/29/11: Problem: C-diff positive, goal: no C-diff, intervention: antibiotic as ordered.</p> <p>2/17/11: Problem: positive for C-diff, goal: negative C-diff, intervention: give antibiotic as ordered, discipline: N (nursing).</p> <p>3/4/11: Problem: rule out C-diff, goal: no C-diff, intervention: test stool for C-diff, discipline: nursing.</p> <p>3/7/11: Goal: C-diff negative.</p> <p>3/11/11: Problem: history of C-diff, goal: no C-diff, intervention: give Florastor as ordered.</p> <p>3/14/11: Problem: loose stools, goal: no loose stools, intervention: maintain contact isolation, obtain stool sample to rule out C-diff, discipline: nursing, lab.</p> <p>3/17/11: Problem: C-diff, goal: no infection, intervention: give antibiotic per MD, discipline: nursing.</p> <p>Physician telephone orders included, but were not limited to, the following:</p>						

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	1/28/11 at 6 p.m.: Obtain stool specimen for C-diff toxin screen and C & S (culture and sensitivity) 1/29/11 at 8:30 p.m.: 1. Flagyl 500 milligrams, 3 times per day, by mouth for 14 days after antibiotic 2. After antibiotic follow up C-diff 3. BMP (basic metabolic panel), STAT (as soon as possible) 2/17/11: Vancomycin 500 milligrams, by mouth, every 6 hours for 14 days, r/t (related to) to C-diff positive 3/4/11 at 3:30 a.m.: Obtain stool sample to rule out C. diff, if results of testing are negative, may d/c (discontinue) contact isolation 3/7/11 at 2:30 p.m.: D/C (discontinue) contact isolation 3/11/11 at 11:45 a.m.: Florastor, 1 (pill), 3 times per day for C. diff 3/14/11 at 6:20 p.m.: 1. Contact isolation r/t (related to) possible C-diff 2. May obtain stool to r/o (rule out) C-diff toxin per lab 3/17/11 at 6:20 p.m.: Flagyl 500 milligrams, by mouth, 3 times per day for 14 days, r/t (related to) C-diff Laboratory results reports included, but were not limited to, the following: Approval date: 1/29/2011 at 12:18 p.m.: C. diff Toxin A/B: Positive (!) Approval date: 2/16/2011 at 3:10 p.m.: C. diff Toxin A/B: Positive (!)						

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	<p>Approval date: 3/5/2011 at (time listed is not legible due to blurred copy) C. diff Toxin A/B: Negative</p> <p>Approval date: 3/16/2011 at 2:52 p.m.: C. diff Toxin A/B: Positive (!)</p> <p>Infection control mapping documents, provided by the Director of Nursing on 3/29/11 at 9:28 a.m., indicated C-diff infections were being monitored for Resident A for the months of January, February and March 2011. "Facility Acquired," was handwritten on the top of the February 2011 infection control mapping document.</p> <p>During an observation on 3/28/2011 at 4:10 p.m., CNA #1 (certified nurse aide), completed peri-care for Resident A while the resident was in bed and CNA #2 assisted. After peri-care was completed, CNA #1 went to the utility room to retrieve disinfectant to clean the plastic basins used during peri-care. Inside the cabinet of the utility room, a bottle labeled "Bleach Solution" was stored next to a bottle labeled "Neutral Quat" disinfectant. CNA #1 reached into the cabinet and retrieved the bottle labeled "Neutral Quat". He indicated "Neutral Quat" was the product used for C-diff disinfection and it had a kill time of 10 minutes. CNA #1 indicated, "we read label." The label did indicate a kill time of</p>						

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	<p>10 minutes. CNA #1 returned to Resident A's room and then CNA #2 re-entered the room and applied the "Neutral Quat" disinfectant to the plastic basins that were used for the peri-care. CNA #1 indicated they would return in 10 minutes to rinse the plastic basins.</p> <p>During an interview with the DON on 3/29/11 at 10:15 a.m., the DON indicated that per the facility policy, 1:10 bleach solution was the product to be used on equipment for C-diff disinfection. The DON and this surveyor then went to utility room and opened the cabinet and observed that the bleach solution bottle was stored next to the Neutral Quat disinfectant bottle.</p> <p>Documents titled "Record of Facility Inservice," were provided by the Administrator on 3/29/11 at 12:30 p.m. The in-service records indicated the following programs were conducted on the following dates:</p> <p>10/18/10 at 6:00 a.m.: C-diff was listed as one of the subjects of the in-service. The signature sheet included the names and signatures of CNA #1 and CNA #2.</p> <p>2/8/11 at 2:00 p.m.: Infection control was listed as the subject of the in-service. The signature sheet included the names and</p>						

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	<p>signatures of CNA #1 and CNA #2.</p> <p>A product information sheet for Neutral Quat disinfectant, provided by the Administrator on 3/29/11 at 3:04 p.m., included but was not limited to, the following:</p> <p>"...The following product is classified as a disinfectant. What follows is a list of organisms the product has been found to be effective against...when an environmental surface is treated and allowed to remain wet for 10 minutes...This product is effective against the following bacteria..."</p> <p>Clostridium difficile was not listed as one of the included organisms on the Neutral Quat disinfectant sheet. After reviewing the product information sheet, the Administrator indicated that Neutral Quat disinfectant was not effective for C. diff disinfection, according to the product information sheet.</p> <p>This federal tag relates to complaint IN00086265.</p> <p>3.1-18(b)(2)</p>						